

SPECIAL EDUCATION TEACHER SURVEY

LEA _____ SCHOOL SITE _____

This is a confidential survey. Please answer all questions. Questions that require a yes or no answer should be checked on the right side of the page. Please mark only one answer.

1. Describe the good things going on in your special education program.

2. Did you receive and review a copy of your school's special education policies and procedures?

_____ YES
 _____ NO
 IV.A.1

3. Do you believe the child find activities in your school are adequate to identify children who may need special education?

_____ YES
 _____ NO
 I.B.2.c

Comments: _____

4. Do you provide MET/IEP teams with information gathered from your work with the student being evaluated?

_____ YES
 _____ NO
 II.B.5.c

5. Do you use the Arizona Academic Standards to write IEP goals and objectives or benchmarks?

_____ YES
 _____ NO
 III.B.4.d

6. If a student has a behavior problem, does the IEP team take the behavior into account when developing the IEP goals and/or behavior plans?

_____ YES
 _____ NO
 III.B.4.i

7. Does the IEP team collect and review data before making decisions on Extended School Year (ESY) services?

_____ YES
 _____ NO
 III.B.4.k

8. Does the IEP team consider the supports that school personnel may need to educate a student with disabilities?

_____ YES
 _____ NO
 III. B.4.j

9. Does the IEP team consider the LRE/continuum of services before making a decision on placement?

_____ YES
 _____ NO
 IV.B.12

10. Are IEPs being implemented as written – including regular classroom modifications, related services, etc?

_____ YES
 _____ NO
 IV.B.2

Comments: _____

11. Do students with disabilities participate with typical peers in academic, non-academic, and extra-curricular activities? Comments:

____ YES
 ____ NO
 IV.B.4

12. Are all students on your caseload receiving the same number of minutes of instruction per day as their same age peers unless otherwise prescribed in the IEP?

____ YES
 ____ NO
 IV.B.8

Comments:

13. If you have a hearing impaired student in your classroom, are hearing aids checked on a daily basis?

____ YES
 ____ NO
 IV.B.10

14. Please list any students that you are aware of that may need support, or additional support, from special education or related services. This information will be compiled and given to the school for follow-up.

Student Name

Grade

School Name

15. What concerns do you have about your school's special education program?

OPTIONAL: If you would like to discuss a concern about this special education program, please call 602-542-4013 and ask to speak to the special education monitor working with this school/district.

Teachers working at a preschool or elementary level only,

Please answer the final questions

16. Does your school actively seek to serve children by their 3rd birthday?

Comments:

____ YES
 ____ NO
 IV.B.13

17. Describe any barriers in transitioning children from the special education preschool program to kindergarten?

Comments:
